

HILLSDALE DANCE ASSOCIATION
ALL-STARS DANCE TEAM
2007-2008 REGISTRATION

CHILD'S LAST NAME FIRST NAME M.I. DOB GRADE (AS OF **9/07**)

ADDRESS: NUMBER & STREET CITY ZIP

MOTHER'S FIRST NAME LAST NAME (IF DIFFERENT) HOME TELEPHONE WORK TELEPHONE

FATHER'S FIRST NAME LAST NAME (IF DIFFERENT) HOME TELEPHONE WORK TELEPHONE

HOLD HARMLESS WAIVER:

I, the parent or guardian of the above-named child, by affixing my signature below, give my approval to his/her participation in any and all **Hillsdale Dance Association, Inc. ("HDA")** activities. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the local **HDA**, the organizers, directors, officers, sponsors, supervisors, coaches, participants, and persons transporting my child to or from activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and/or liability insurance. I further agree to comply with all rules and regulations of **HDA**.

PARENT/GUARDIAN SIGNATURE

DATE

(OVER)

PARENT'S E-MAIL ADDRESS (REQUIRED): _____

CHILD'S E-MAIL ADDRESS (REQUIRED): _____

OTHER TELEPHONE NUMBERS (IN CASE OF EMERGENCY):

FATHER'S CELL PHONE/BEEPER: _____

MOTHER'S CELL PHONE/BEEPER: _____

DOES YOUR CHILD CURRENTLY TAKE DANCE? YES NO (PLEASE CIRCLE ONE)

IF SO, PLEASE INDICATE WHICH TYPE (CIRCLE ALL THAT APPLY) JAZZ BALLET TAP HIP HOP